

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	6/28
O.I.P.E. CLASSIFIER		4/3	7/3/00
FORMALITY REVIEW	gjs	852	08-14-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected _____ N _____ Non-elected
 Allowed _____ I _____ Interference
 (Through numeral) Canceled _____ A _____ Appeal
 Restricted _____ O _____ Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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